

## **APPLICATION DATA SHEET**

### **Application Information**

|                          |  |
|--------------------------|--|
| Application Type::       | Regular  |
| Subject Matter::         | Utility  |
| Title::                  | Expression Profiles for Breast Cancer and Methods of Use |
| Attorney Docket Number:: | 5152   |

### **Applicant Information**

|   |                  |
|---|------------------|
| Applicant Authority Type::              | Inventor         |
| Primary Citizenship Country::           | USA              |
| Status::                                | Full Capacity    |
| Given Name::                            | Deepa            |
| Middle Name::                           |                  |
| Family Name::                           | Eveleigh         |
| City of Residence::                     | West Haven       |
| State or Province of Residence::        | CT               |
| Country of Residence::                  | USA              |
| Street of mailing address::             | 81 Sorenson Road |
| City of mailing address::               | West Haven       |
| State or Province of mailing address::  | CT               |
| Country of mailing address::            | USA              |
| Postal or Zip Code of mailing address:: | 06516            |

|                                  |               |
|----------------------------------|---------------|
| Applicant Authority Type::       | Inventor      |
| Primary Citizenship Country::    | USA           |
| Status::                         | Full Capacity |
| Given Name::                     | Douglas       |
| Middle Name::                    |               |
| Family Name::                    | Bigwood       |
| City of Residence::              | Madison       |
| State or Province of Residence:: | CT            |

Country of Residence:: USA  
 Street of mailing address:: 72 Kelsey Springs Dr.  
 City of mailing address:: Madison  
 State or Province of mailing address:: CT  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 06443

**Correspondence Information**

Correspondence Customer Number:: 35969

**Representative Information**

Representative Customer Number:: 35969

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This application | An application claiming the benefit under 35 USC 119(e) | 60/450,655           | 02/28/03             |
|                  |   |                      |                      |
|                  |   |                      |                      |
|                  |   |                      |                      |

**Assignee Information**

Assignee name: Bayer Pharmaceuticals Corporation  
 Street of mailing address: 400 Morgan Lane  
 City of mailing address:: West Haven  
 State or Province of mailing address:: CT  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 06516